Results: 496 patients underwent appendicectomy during the study period (August 2007-August 2012). Twenty-two patients (4.4%) were re-admitted within 30 days of their initial operation. 15 patients (3%) had intra-abdominal collections, (national average was 7.9%) and required re-intervention. 14 patients were treated with antibiotics alone, and 1 required percutaneous drainage and subsequent laparotomy. Streptococcus milleri and E.Coli were present in 47% of patients with postoperative collections
Conclusions and recommendations: Large variation exists between these 5 year results, and the published national data. Reasons for this may be multi-factorial. Results suggest that most children with intra-abdominal collections post appendicectomy can be managed with antibiotics alone.

0875: APPLICATIONS OF TUBE STOMAS IN THE PAEDIATRIC SURGICAL POPULATION

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Formation of a tube stoma comprises purse-string suture of bowel around a catheter. The bowel is secured to the abdominal wall, and the catheter brought out through the fascia. This technique has been described in the management of short bowel syndrome. It reduces the length of bowel required to form stomas, diverts the proximal enzyme-rich effluent away from the skin and enables controlled dilatation of the proximal bowel for future surgical reconstruction. We aimed to investigate whether such stomas might be effective in managing other groups of patients requiring proximal stoma formation.

Three neonates with proximal jejunal atresia underwent formation of tube jejunostomy at initial laparotomy. Size discrepancy between the proximal dilated bowel and distal atretic segment precluded primary anastomosis and would have increased the risk of prolapse in a spouted stoma. Additional considerations were preservation of residual bowel length and protection of skin.

The procedures were well tolerated. No skin excoriation was evident and proximal effluent was successfully recycled distally. This permitted enteral feeding, thus avoiding prolonged parenteral nutrition, promoting bowel adaptation and reducing risk of infection.

Tube stoma intervention can be extended to other paediatric surgical conditions, in which it facilitates progression to enteral feeding and prevents complications.

0884: THE COSTS OF LATE DETECTION OF DEVELOPMENTAL DYSPLASIA OF THE HIP

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Background: Debate exists regarding the economic viability for screening for developmental hip dysplasia in infants.
Methods: A retrospective study of infant hip dysplasia from 1998 - 2008 (36,960 live births) was performed to determine treatment complexity and costs of disease detection and treatment, related to the age at presentation and treatment modality.
Results: 179 infants (4.8/ 1000) presented with hip dysplasia. 34 infants presented late (>3 months of age) and required closed or open reduction. 145 infants presented at <3 months of age, 14 of whom failed early pavlik harness treatment. A detailed cost analysis revealed: 131 early presenters with successful pavlik harness management, costing £601/ child. 34 late presenters who required surgery (36 hips, 19 closed/ 17 open reductions, 1 revision procedure), costing £4352/ child. 14 early presenters with failed pavlik harness management requiring more protracted surgery (18 hips, 4 closed/ 14 open reductions, 7 revision procedures), costing £7052/ child.
Conclusions: Late detection increases treatment complexity and a seven-fold increase in short-term costs, compared to early detection and successful management in a pavlik harness. However improved strategies are needed for the 10% of early presenting infants who fail pavlik harness treatment and require the most complex and costly interventions.

1085: MANAGEMENT AND OUTCOMES OF APPENDIX MASS IN YOUNG ADULTS: SHOULD WE BE LOOKING TO EXCLUDE APPENDIX MASS IN ADULTS?

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Aim: In paediatric patients presenting with a history to suggest appendix mass, ultrasound scan is the investigation of choice. Treatment consists of five days of intravenous antibiotics followed by a repeat ultrasound scan to assess for resolution. Surgery is associated with high complication rates of up to 26.3 %. In the adult population, patients are not actively investigated for appendix mass prior to surgery. The aim of the study is to evaluate the outcomes of young adults with appendix mass undergoing appendicectomy.
Methods: All patients aged between 16 and 20 years admitted over a 5 year period were included. Retrospective review of the notes identified patients diagnosed with appendix mass clinically, radiologically or intra-operatively. Primary outcome is complication rate. Secondary outcomes included length of hospital stay, and days of abdominal pain.
Results: 43 patients were entered, 11 met the inclusion criteria. 44% of patients had complications. Median length of stay, and days of abdominal pain were 7 and 3 days respectively.
Conclusion: Operative treatment for appendix mass carries a high complication rate in young adults. Early investigation, including a low threshold for ultrasound scan and initial conservative treatment may reduce complications in these patients.

1168: THE IMPACT OF LAPAROSCOPY ON PYLOROMYOTOMY

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Introduction: Randomised controlled trials suggest that laparoscopic pyloromyotomy (LP) is superior to open pyloromyotomy (OP) with benefits including shorter length of stay. We reviewed process and outcomes over 20 months following introduction of LP in our centre.
Methods: Retrospective single centre comparison of LP vs OP for operation duration, length of stay and complications.
Results: 119 cases assessed over 18 months (89 OP, 30 LP). Median pre-operative stay was longer for LP (1.19 days vs. 1.83 days (LP), p=0.024). Median post-operative stay was shorter for LP (1.76 days (OP) vs. 1.14 days (LP) p=0.034). Overall length of stay was no different (median 3.05 days OP vs 3.29 days LP, p=0.64). Median operation duration was 33.0 minutes (OP) vs. 44.5 minutes (LP) p=0.07. There was no difference in the complication rates (p=0.36).
Conclusions: Laparoscopic pyloromyotomy is not associated with a higher rate of complications. LP had shorter length of post-operative stay but a longer pre-operative stay. This might reflect institutional factors such as staff training and equipment availability.

1286: EPIDIDYMO-ORCHITIS – ARE WE MANAGING THESE CASES APPROPRIATELY?

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Aim: Epididymo-orchitis is a common cause of acute scrotal pain and can be a presenting symptom of structural urinary tract abnormalities. We audited the management of patients presenting to Birmingham Children's Hospital with epididymo-orchitis in accordance with European Society for Paediatric Urology guidelines.
Methods: We examined admission notes, microbiology investigations, radiology results and, if indicated, operative notes of patients presenting between January 2009 and October 2012 (n=42). The age range was 1 month to 16 years.
Results: Of patients diagnosed with epididymo-orchitis 35% had a urine sample sent for MC&S. Of these, only 27% had a positive urine culture; the predominant organism was E.coli. The majority of patients (76%) were diagnosed following scrotal exploration; a quarter of wound swabs grew E. coli. Following diagnosis, 39% of patients went on to have a renal tract ultrasound, of which only 8% were found to have an abnormality that may have contributed to their presentation. None of these patients have re-presented.
Conclusions: We demonstrated that in a first presentation of epididymo-orchitis, where the urine culture is negative, further renal tract imaging may not be necessary. This highlights the importance of sending appropriate microbiology specimens.

1422: INCIDENCE OF METACHRONOUS INGUINAL HERNIA

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